

CITY OF TEMPE

Temporary Employment Opportunity



Tempe Police Department • 120 E. 5th St., Tempe AZ 85281 • (480) 350-8569 • TDD 480/350-8400

Temporary Detention Officer

City of Tempe / Police Department, Detention Operations

Opening Date: July 1st, 2011

Closing Date: Open until the needs of the City are met

Work Hours: Work schedules will vary depending upon Department needs

This is a Temporary Non-Benefitted position, not to exceed 24 months

Hourly Wage: \$18.25 - \$20.11

Experience & Training:

- Equivalent to a high school diploma or G.E.D.
- Successful completion of a recognized detention/corrections training program or a recognized state or federal law enforcement program.
- Applicants must provide proof of completion of a federal, state or county training facility and (if applicable) proof of certification as a law enforcement officer at the time of application.
- Six months of either full-time Adult Corrections / Detention Officer or law enforcement experience.

Essential Job Functions:

- Process prisoners into City jail; take mug shots of prisoners; search prisoners; take inventory of prisoner's personal property; grant phone calls; obtain fingerprints; fill out necessary booking sheets and record entries in the booking log.
- Maintain the jail facilities and equipment; prepare meals and feed prisoners; allow prisoners to leave their cells to make telephone calls; transfer prisoners from one cell to another; clean jail cells as necessary.
- Restrain combative, suicidal, or mentally disturbed prisoners; determine if prisoners are ill or injured and obtain medical attention as necessary.
- Ensure timely court appearances for all prisoners; escort prisoners to City Court for appearances; prepare bond receipts and collect bonds.
- Determine release criteria of prisoners according to established procedures; determine bond amounts; coordinate with court clerks when bond is posted; disseminate paperwork to appropriate areas when prisoners are released or transferred; perform prisoner transportation duties.

- Operate computer terminals to retrieve warrant and records information on prisoners; confirm warrants from other jurisdictions.
- Follow all required OSHA/Safety Training/departmental guidelines which may involve wearing a ballistic vest and/or carrying a firearm.
- Perform related duties as assigned.

Applicant Requirement:

- Requires successful completion of selection process, successful completion of background investigation and verification of identity and work authorization.
- Successful completion of polygraph, medical and psychological examinations.
- Please review the automatic and discretionary disqualifiers before applying for this position.

SUBMIT APPLICATION TO:

**City of Tempe
Police Department
Attn: Jeremiah Johnson
120 E. 5th Street
Tempe, Arizona 85281**

**For questions, please contact:
Detention Supervisor Jeremiah Johnson
(480) 858-2124
Jeremiah_Johnson@tempe.gov**

**City of Tempe Police Department
Automatic and Discretionary Disqualifier Questionnaire**

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION

AUTOMATIC DISQUALIFIERS

The City of Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. ***Please read and answer the following automatic disqualifiers:***

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you lied during any stage of the hiring process? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you falsified your questionnaire or application? |

If you answered "YES" to any of these questions please withdraw your application from consideration.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become an employee of the City of Tempe Police Department. ***Please read and answer the following discretionary disqualifiers:***

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever abused prescription medication and/or FDA approved over-the-counter preparations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics before the age of 18 years?
<i>Examples of a dangerous drug or narcotic drug would be, but is not limited to: cocaine, crack, etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics after the age of 18 years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in unlawful sexual misconduct? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had excessive traffic violations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been involved in the commission of a felony? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you received a discharge from the United States armed forces that was other than an honorable? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you demonstrated an unwillingness to honor fiscal contracts or just debts? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances? |

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.

Applicant's signature

Date

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES – Please Complete All Sections

Type of Drug	Have you ever tried?	How many times after age 18?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamine / Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other illegal drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal use of prescription medications	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “Yes” on any of the areas listed above, please provide a full explanation on a separate sheet of paper. Include, if applicable, the following information:

- | | |
|--|---|
| a) How the drug was ingested or consumed | b) The duration of usage |
| c) The motivation for using the drug | d) How the drug was obtained |
| e) Why you stopped using the drug | f) Any other factors you believe are relevant |

I hereby certify that this entire supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (Print)

Applicant's Signature

Date



City of Tempe / Application for Employment

APPLY AT: City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov/hr>

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly. Sign this application and all other forms. Applications must be received by Human Resources no later than 5:00 p.m. on the closing date.

1. Position Applying For: _____ Recruitment Code (RC#): _____
2. Name (Last, First, Middle Initial): _____
3. Last 4 Digits of Social Security #: _____ Email Address: _____
4. Mailing Address: _____
Street City State Zip
5. Phone Number: BEST CONTACT # _____ ALTERNATE #: _____
6. Valid Driver's License ☐ Yes ☐ No
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? ☐ Yes ☐ No
8. Have you ever worked for the City of Tempe? ☐ Yes ☐ No If Yes, from _____ (Mo/Yr) to _____ (Mo/Yr)
If you are a current City of Tempe employee, are you: ☐ Temporary? ☐ Regular?
Have you completed your initial probationary period? ☐ Yes ☐ No If yes, when _____
9. Type of position you will accept: ☐ Full Time ☐ Part Time ☐ Regular ☐ Temporary
10. Do you have a High School Diploma or equivalent? ☐ Yes ☐ No If no, highest grade completed: _____
11. May we contact your current employer if you are considered for hire/promotion? ☐ Yes ☐ No

If you are claiming Civil Service Preference for Veterans under ARS 38-492, you must submit a copy of your DD214 (Member-2 or 4) at time of application.

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE

Q ☐ NQ ☐ A ☐ B ☐ C ☐

HR Review ☐ _____ Date _____ Department Review ☐ _____ Date _____

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

12. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

13. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

14. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

15. Special training ***that relates to this position:***

16. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

17. List equipment with which you are proficient in operating ***that relate to this position:***

18. Language Proficiency (Other than English):

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years or any additional relevant experience. Your qualifications will be evaluated ***solely*** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" OR "SEE ATTACHED" IN THE SPACES BELOW.

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

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Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

19. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee?

☐ Yes ☐ No If Yes, indicate his/her Name, Position and Relationship to you:

20. Have you ever been terminated for cause or forced to resign from a position for misconduct or unsatisfactory service?

☐ Yes ☐ No If Yes, please explain:

21. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

☐ Yes ☐ No If Yes, provide charges, dates and locations:

Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered. Please answer this question completely. All offers of employment and continued employment are subject to a complete review of any criminal convictions. Your fingerprints will be sent to state and federal law enforcement agencies (DPS and FBI).

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from city service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

Print Applicant's Name: _____

Applicant Signature: _____ Date: _____

The City of Tempe does not accept faxed or emailed copies of applications.